

Rev. 12/2018

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

Jul 27, 2022

SEAN F. McAVOY, CLERK

MILAN Richard HAVLIK Jr. 119364

Plaintiff's full name and prisoner number

Plaintiff,

v.

Case No. 2:22-CV-0096-TOR
(leave blank – for court staff only)

Tammi Denny

Bill Roberts

Randal cline

Defendant's/defendants' full name(s)

SECOND AMENDED
PRISONER CIVIL RIGHTS
COMPLAINT

Defendant(s).

Jury Demand?

☐ Yes

☒ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

WARNINGS

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.
2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. At this stage of the proceeding, you need not submit exhibits, affidavits, grievances, witness statements, or any other materials with this complaint to the Clerk's Office. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

I. PLAINTIFF INFORMATION

HAVLIK, MILAN Richard Jr.

Name (Last, First, MI)

Aliases/Former Names

119364

Prisoner ID #

OKanogan county Jail

Place of Detention

149 N. 4th AVE

Institutional Address

OKanogan, OKanogan, W.A., 98840

County, City

State

Zip Code

Indicate your status:



Pretrial detainee



Convicted and sentenced state prisoner



Civilly committed detainee



Convicted and sentenced federal prisoner



Immigration detainee

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1:

Denney, Tammi

Name (Last, First)

chief of corrections

Current Job Title

149 N. 4th AVE

Current Work Address

Okanogan, Okanogan, W.A. 98840

County, City

State

Zip Code

Defendant 2:

Roberts Bill

Name (Last, First)

Sgt.

Current Job Title

149 N. 4th AVE

Current Work Address

Okanogan, Okanogan, W.A. 98840

County, City

State

Zip Code

Defendant 3:

Cline, Randal

Name (Last, First)

Sgt.

Current Job Title

149 N. 4th AVE.

Current Work Address

Okanogan Okanogan W.A. 98840

County, City

State

Zip Code

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).

COUNT I

Identify the first right you believe was violated and by whom:

1.1 First Amendment, Free Exercise clause (Religious diet) by Tammi Denney, Bill Roberts, Randal Cline.

State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

1.2 In February 2022 I Requested to be put on a Kosher diet, which was denied by Randal Cline. I Grieved To Bill Roberts SGT, And Appealed to Tammi Denney chief of corrections. All Denied.

1.3 My Free Exercise of Religion IS/was substantially burdened by denial of Kosher food (meals).

1.4 Kosher Tenet IS central to religious Judaism doctrine, which governs what can be ~~eaten~~ and how IS prepared.

1.5 Denial of Kosher foods creates a substantial burden on the practice of Judaism as All Tenets must be followed, as Kosher Tenet IS central.

1.6 Worship IS NOT possible when doctrine IS NOT followed. As they are central to the belief of Judaism, Kosher is best understood by saying No pork IS NOT A option. You either are Kosher (follow Kosher Tenet) or you are not.

1.7 Further Sgt. Randal Cline (in charge of religious diets) has admitted that there IS A fully Kosher protocol, to me during numerous discussions. And Kosher meals have been served (as well as hala for Muslims) with current Kosher protocol in place.

1.8 One Kosher inmate creates little to no impact on budgetary concerns. Due to protocol already been established. And ability of staff to order Kosher & hala meals & items, thus one inmate (for short periods of time) does not impact budgetary concerns or security issues. A protocol has been established prior, ITS assumed that by Randal Cline Sgt. statements that he has approved Kosher meals before (and served) without budgetary concerns or institutional security issues being raised before.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.

2 Broken teeth due to grinding of teeth from hunger. Pain management IS being given after notifying of medical staff. But due to no dentist due to COVID, no further medical treatment IS available (still have constant dental pain though). Cost of dental, Pain & suffering for over 3 months, Emotional injury, mental injury, physical injury.

COUNT II

Identify the second right you believe was violated and by whom:

2.1 Establishment clause, by Tammi Denney, Bill Roberts
Randal, cline.

State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

2.2 christian & muslim Accomidations Are being Given
but NOT TO Orthodox Judaism.

2.3 Christmas dinner & Thanks Giving for christians

2.4 hala for muslims.

NONE for Passover (festival for unleavened bread.)

So picking christian over other Religions.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.

~~Separation from God~~ Separation from God. Unable to Fully Practice Judaism.

COUNT III

Identify the third right you believe was violated and by whom:

3.1 Federal statute R/VIIPA by Tammi Denney
Bill Roberts, Randal cline in official capacity A county Jail

State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

3.2 Two pronged unable to use Religious land
by Arresting Temporary shelters or Even Requesting
to put up & Celebrate. with Tempers. due to Not
being able to fulfill central doctrine of Kashruth
Temet. which first needs to be established to participate

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.

Unable to practise Judaism, mental
Injury due to separation from God

IV. RELIEF

State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

Official capacity from Tammi Denney, Randal Cline, & Bill Roberts. Injunction
& Kosher meals. Also placed in trustee dorm. Individual capacity from
Each Randal Cline, Tammi Denney, Bill Roberts. In damages 50 dollars A
day from incarceration date. & dental bill to repair teeth & molars.

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Dated

7/20/2022

Plaintiff's Signature

